

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-032048

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 240

Primary Registration District No. \_\_\_\_\_

Registrar's No. 60

FILED AUG 31 1962

## 1. PLACE OF DEATH

a. COUNTY

Platte

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Parkville

Length of stay in 1b

18 yrs

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

at home

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Platte

Inside Limits

Yes ☐ No ☒

c. CITY

OR TOWN

Mo Parkville

Reside on Farm

Yes ☐ No ☒

d. STREET ADDRESS

7707 Wy-Way 9.

3. NAME OF DECEASED  
(Type or print)

First

Forest

Middle

William

Last

Ireland

## 4. DATE OF DEATH

Month

Day

Year

August 21 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

4/8/1891

## 9. AGE (last birthday)

71

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Real Estate

## 10b. KIND OF BUSINESS OR INDUSTRY

homes &amp; farms

## 11. BIRTHPLACE (City and state or country)

Emporia, Kan

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

William Ireland

## 13b. MOTHER'S MAIDEN NAME

Matilda Bell

## 14. NAME OF HUSBAND OR WIFE

Edith Francis Ireland

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give year or dates of service)

No No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Edith Ireland

## Address

7707 Wy-Way 9  
Parkville, Mo

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Coronary Thrombosis

## INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Diabetic Mellitus

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

## Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

10-9-62

to, and last saw him alive on 8-13-62

Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

E. H. Hobbs, M.D.

## 22b. ADDRESS

Smithville Mo

## 22c. DATE SIGNED

8-22-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

## 23b. DATE

Aug 24-62

## 23c. NAME OF CEMETERY OR CREMATORY

East Slope

## 23d. LOCATION (City, town, or county)

Parkville.

## (State)

Mo

## 24. FUNERAL DIRECTOR

## ADDRESS

Ireland H. Francis Parkville Aug 24, 1962

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

B. Phine Rollins

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

10830

2830

3

4 0

5 1

6

7 1

8 0

9 260X

10

11

12 90-0

13 1-0

SEP 5 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Leland H. Francis*

Licensed Embalmer No.

*3451*

P. O. Address

*Parkville Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.